

QUESTIONS ON POLICIES AND BENEFITS

If at any time you have a question regarding your employment with CMS or our policies and benefits, you are encouraged to take the following steps in getting your question answered:

1. Refer to the *Employee Success Guide* manual and other material you may have received, such as the *Summary Plan Descriptions* for the various insurance programs available.
2. If you have a question that is not addressed in the materials or you are still unclear, please check with your **Supervisor** and/or **Site Manager**. He/She can answer most questions you might have or obtain an answer for you.
3. If your **Supervisor** or **Site Manager** is unavailable or unable to answer your question, you may contact the **CMS Central Office Human Resources Department** in St. Louis at 800-325-4809.

Index

A	
Acknowledgment Form.....	Last Page
Appearance & Conduct.....	67
Applying for Leave of Absence.....	45
Applying for Tuition Assistance	50
Attendance.....	67
B	
Benefits During Military Leave	46
Benefits Overview.....	31
Bulletin Boards	69, 76
C	
Career Development	16
Change of Information	65
Charitable Activities	69
Charter	After Index
Communications	76
Compensation	23
Compensation Reviews	23
Confidentiality.....	64
Corporate Compliance Plan.....	68
Corrective Action.....	17
D	
Day Care.....	62
Dental Insurance.....	58
Dependent Care FSA.....	62
Direct Deposit	29, 62
Disability Insurance	60
E	
Employee Assistance Program.....	54
Self Referral.....	54
Supervisor Recommendation	55
Mandatory Referral.....	55
Employee Classifications	13
Probationary	13
Full-Time	13
Part-Time	13
Per Diem/Temporary	13
Employment Policies	12
Employment of Relatives.....	21
Enrollment in Medical Insurance.....	57
Equal Employment Opportunity.....	7
Exit Interviews.....	20
Extended Sick Leave	39
External Communications.....	76
F	
401(k) Plan	61
Family & Medical Leave.....	40
Final Pay.....	29
Final Written Warning	17
Flexible Spending Accounts	62
FMLA Requirements	40
Full-Time Classification	13
Funeral Leave.....	48
G	
Good Housekeeping	66
Grade Requirements on Tuition Assistance....	51
H	
Harassment	8, 9
Healthcare FSA	62
Health Insurance Program	57
Holiday PTO.....	35
Holidays.....	38
I	
Identification	65
Incarcerated Relatives or Friends	73
Institutional Policies	71
Insurance (Liability).....	74
Internal Communications	76
Introduction.....	5
J	
Job Postings.....	16
Job Protection During FMLA	41
Jury Duty	49
L	
Leave of Absence.....	40
Family & Medical Leave	40
Personal Leave	45
Medical Leave.....	42
Legal Matters	74
Life/AD&D Insurance.....	59
Long-Term Disability (LTD)	60

M

Manager (Site) Definition	5
Meal Periods	26
Medical Insurance	57
Medical Leave	42
Medical Leave Requirements	42
Military Leave	46
Miscellaneous Employee Benefits	62

N

Non-Eligible Tuition Courses	53
Non-Medical Leave	45
Non-Reimbursable Tuition	52

O

Optional Life Insurance	59
Orientation	14
Overtime	28

P

Paid Time Off	32
PTO Allocations	34
PTO Carryover	35
PTO Credit Schedule	33
PTO Eligibility	35
Status Change	35
Part-Time Classification	13
Pay Classifications	24
Pay Days	29
Pay Day When Absent	29
Pay In Advance	29
Pay Periods	29
Performance Evaluations	15
Personal Leave	45
Personnel Files	65, 69
Pharmacy Benefits	58
Premium Pay Days	38
Probationary Classification	13
Probationary Employee (Corrective Action) ...	19
Problem Solving	78
Professional Liability Insurance	74
Prohibition of Retaliation	9, 11
Promotions	16
Public Relations	76

Q

Questions on Policies & Benefits	79
--	----

R

Relatives	21
Reporting for Work	67
Resignations	20

Retirement Savings Plans	61
401(k) Plan	61
Supplemental Retirement Plan	61
Return from Medical Leave	43

S

Safety	66
Scheduling PTO	33
Security Standards	71
Sexual Harassment	9
Definition	9
Management Responsibility	11
Retaliatory Conduct	11
Short-Term Disability (STD)	60
Smoking	66
Social Security	61
Solicitation	69
Staff Meetings	76
Supplemental Retirement Plan	61
Suspension	19

T

T2 Adjustments	27
T2 Swiping	27
Tape Recordings	69
Temporary Classification	13
Termination	18
Third Party Intervention	78
Time Keeping	27
Time Off Benefits	32
Transfers	16
Tuition Assistance	50
Tuition Reimbursement	51

U

Use Of Paid Time Off During Leave	42, 43
---	--------

V

Verbal Communication	76
Verbal Counseling	17
Vision Services	58

W

Welcome	4
Worker's Compensation	56
Working Areas	66
Working Hours	25
Written Communications	76
Written Counseling	17

Y

Your Compensation	23
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CHARTER

Correctional Medical Services (CMS), the nation's leading provider of correctional healthcare services, is dedicated to successfully integrating managed care practices with the unique requirement of security environments.

CMS offers cost-effective, quality services in response to customer needs, striving to develop mutual trust with clients through open communication, consistent performance and responsiveness to changing system needs.

CMS values its employees for their professionalism, spirit of service and teamwork. Our staff are chosen for their ability to provide care consistent with industry standards, for their commitment to be a member of a correctional team, and for treating each inmate with dignity.

ACKNOWLEDGMENT

I hereby acknowledge receipt of the January 2002, CMS *Employee Success Guide*. I agree to familiarize myself with the Guide's contents. I realize that the Guide contains Company policies and procedures, but is not intended to be a complete and exhaustive explanation of those policies and procedures. I also understand that CMS reserves the right to change its policies and procedures as it decides necessary. I understand that this Guide does not constitute a contract of employment. I understand that I have the right to resign from employment at CMS any time and for any reason, and that CMS has the same right to terminate my employment at any time, with or without cause.

I also understand that should I leave the employ of CMS, any Paid Time-Off taken but not earned will be deducted from my final paycheck, where applicable and appropriate, according to the published schedule herein.

I agree to return this Guide upon completion of my employment.

Date: _____

Your Signature: _____

Your Printed Name: _____

Facility: _____

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Date: 5/22/02
Your Signature: Sheila J. Porter
Your Printed Name: Sheila J. Porter
Facility: SCHOC

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